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Und	ler the Paperwork PATE	NT APPLICA	Ι ΜΟΙΤΑ	FEE DETER	MINATION	o a collection of inf	ormation unles	Applicati	on or Docket Num	ber +42
Substitute for Form PTO-875 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHER THAN SMALL ENTITY	
	FOR	NUMBE	R FILED	NUMBER	NUMBER EXTRA		FEE (\$)		RATE (\$)	FEE (\$)
BASIC	FEE	N/		N	'A	· N/A			N/A	
SEAR	R 1.16(a), (b), or (c)) CH FEE	N/	'A	N	/A .	N/A			N/A	
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE					/A	N/A			N/A	
(37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS		<u> </u>				× 25 =		OR	× 50 =	
(37 CFR 1.16(i)) INDEPENDENT CLAIMS			minus 20	<u>- ` </u>			<u> </u>	UR		
	FR 1.16(h))		minus 3 = *		100	× 105 =		{ · }	× 210 =	
FEE	ICATION SIZE	sheets of partial is \$260 (\$	ecification and drawings exceed 100 f paper, the application size fee due \$130 for small entity) for each 150 sheets or fraction thereof. See c. 41(a)(1)(G) and 37 CFR 1.16(s).				,			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						185		<u> </u>	370	
* If the difference in column 1 is less than zero, enter *0" in column 2.						TOTAL]	TOTAL	
4TA 5	APPLIO 6-9-08	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)	OR	OTHER SMALL (\$)	
AMENDMENT	Total (37 CFR 1.18(1))	10	Minus	<u>"20</u>	"	× 25 =	ļ	OR	x 50 =	
	Independent (37 CFR 1.16(h))	. 3	Minus	<u>"3</u> _	"	× 105 =	ļ	OR	× 210 =	
ME	Application Size Fee (37 CFR 1.16(s))					10.5		4	370	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						ļ <u> </u>	OR	370 TOTAL	
						TOTAL ADD'L FEE		OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	,	·	٦.		
T B	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
AENT	Total (37 CFR 1.16(i))	*	Minus	*	• 0	× 25 =		OR	× 50 =	
NO.	Independent (37 CFR 1.16(h))	•	Minus	***	=	× 105 =		OR	× 210 =	
MEN	Application Size Fee (37 CFR 1.16(s))							7	730	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					185		OR	370 NA	
			·			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	* If the entry in a ** If the "Highest I ** If the "Highest I	Jumbor Drovious	v Paid For	" IN THIS SPACE	: is less than 2c is less than 3.	, enter 20	in the appropr	iste boy in	column 1	•

Ine "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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